Australian Government
Civil Aviation Safety Authority

Application
Non Destructive Testing Authority (NDT)
Renewal

CAOs 100.23 and 100.27, AS3669-2006 / EN 4179-2014

This form is now available online

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OR

Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to ame.licensing@casa.gov.au.

Purpose of this form

Use this form to apply for a renewal of a Non-Destructive Testing Authority.

Who is this form for?

This form is for individuals applying to renew an NDT authority prior to the date of expiry.

Information needed to complete this form

Applicants should read and understand the requirements for the issuance of an NDT authority as documented within CAO100.27.

You will need to provide:

- Evidence of passing the required written examinations
- Evidence of gaining the necessary practical experience required to the appropriate level of qualification for the relevant method
- Evidence of performing the practical tests to demonstrate proficiency in the relevant method

Please ensure your application and the checklist are completed correctly, and that all required supporting documentation is provided. Incomplete applications will not be accepted and may be returned to you for amendment.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, apply now.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by changing your details on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

For more information

Go to the CASA website or contact us.

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update contact details via changing your details.

Full name

ARN

Phone number

Email address

Authority expiry date

2 What is the authority expiry date?

(DD/MM/YYYY)

/ /

Applicant details

3 NDT Method and Level Required, tick applicable box:

Refer to AS3669-2006

Include with your application a certification of proficiency for the method and level you request below. This certificate should include detail of experience, training received, examinations passed and practical assessment completed. This certification must be issued by a current NANDTB responsible Level 3.

Refer to AS3669-2006, Section 6.1.2

- ☐ Dye (Liquid) Penetrant (PT) Level 1
- ☐ Dye (Liquid) Penetrant (PT) Level 2
- ☐ Magnetic Particle (MT) Level 1
- ☐ Magnetic Particle (MT) Level 2
- ☐ Eddy Current (ET) Level 1
- ☐ Eddy Current (ET) Level 2
- ☐ Ultrasonic (UT) Level 1
- ☐ Ultrasonic (UT) Level 2
- ☐ Radiography (RT) Level 1
- ☐ Radiography (RT) Level 2

3 continued

If other method please specify:

Training and experience

4 Have you been examined and met the practical experience necessary in accordance with the standards for the relevant method applied for by a NANDTB responsible Level 3 qualified person?

No ☐ Your application will be refused

Yes ☐ Provide evidence

Provide evidence if required

Visual acuity

5 Have you completed the **visual acuity** test?

No ☐ Your application will be refused

Yes ☐ Include with your application, a copy of your most recent visual acuity test conducted within the last 12 months. The visual acuity test results should reflect the standards in Section 6 of Australian Standard – AS3669-2006. This test must be conducted by an optometrist.

If a person does not have a normal colour perception vision, a supplemental report supporting the application must be included with this application. The supplemental report must be made by a current NANDTB responsible Level 3.

Refer to AS3669-2006

Provide evidence if required

Application checklist

6 Select all that apply:

- ☐ Attach Letter of Proficiency against AS3669-2006.
- ☐ Attach Visual Acuity certificate

If other please specify:

Declaration

7 I declare:

- All statements in this application are true and correct.

I acknowledge by providing my details below and submitting this application:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- I have used my best efforts to identify all Commonwealth, state and territory environmental protection legislation that governs the aviation-related activities I will be engaging in under the authorisation for which I am applying. I recognise and understand these obligations and will endeavor in good faith to comply with the applicable requirements specified in that legislation.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

Privacy

Any personal information you provide to CASA, as part of this application, is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our privacy statement and privacy policy.

Fees

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

Signature

Date (DD/MM/YYYY)

/ /

Submitting this form to CASA

Choose one option only

By email – send this form with all supporting documents attached to ame.licensing@casa.gov.au

By post – return this form and all supporting documents to:

CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601

Continue to payment page

ARN

Payment authorisation

8 Application fees

☐ Issue of an airworthiness authority – processing and consideration of application.

Fee Code: 2.13.....**$195**

Total: 0

9 Payment options

OPTION 1 Online payment

Make a secure payment online >

Online payments are more secure and also enable CASA to process your request faster.
To make a payment go to Secure payment gateway.
After making a payment, enter the online receipt number below.

Provide the online receipt number below:

OPTION 2 Credit card

I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from:

☐ Mastercard ☐ Visa Total $ 0

Card number

Expiry (MM/YY) /

Cardholder name

Signature

Date (DD/MM/YYYY) / /

Receipt options ☐ Applicant **or** ☐ Third party (provide details below)

Details of third party

ARN (If applicable)

Email

Legal Entity/ Full name

Phone number